					Application or Docket Number								
	PATENT	ORD	•										
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09 867528												8	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			3.4		ŀ			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 355.0	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			34 minus 20=		• /	· 14		X\$ 9≈		OR	X\$18=	252	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR			5 minus 3 =		2			X40=		OR	X80=	160	
L				• • • • • • • • • • • • • • • • • • • •		1		+135=	-	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA		OR	TOTAL	1122	
0)	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL REE	
Ş	Total	. 34	Minus	.3	4_	-0		X\$ 9=		OR	X\$18=		
AME	Independent 5 Mirrus FIRST PRESENTATION OF MULTIPLE D			m 5 PENDENT CLAIM				X40=		OR	X80=		
								+135=		OR	+270=		
								TOTA		OR	TOTAL ADDIT, FEE	6	
إ	-20-05(Column 1) (Column 2) (Column 3)							<b></b>		=3 .			
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 34	Minus	. 3	4	=/		X\$ 9=		ОП	X\$18=		
AME	Independent FIRST PRESE	NTATION OF MU	Minus JLTIPLE DE	PENDENT	CLAIM			X40=		ОЯ	X80=		
								+135=		OR	+270=		
									L L	OR	YOYAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)			•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AD N	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	7	
AME	Independent	MTATION OF \$41	Minus		CLAMA	-		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT F										OR	TOTAL DOIT, FEE		
1	i tre "Highest Nui he "Highest Nuii	mber Previously Pa ber Previously Paid	id For IN THI For (Total o	S SPACE is r Independer	less than nl) is the	n 3, enter "3." highest numbe				-			
FORM	PTO-475										PATHENT OF	لــــــــــــــــــــــــــــــــــــــ	